

**REQUEST FOR DIRECT APPEAL  
TO THE STATE BOARD OF TAX APPEALS**

The following taxpayer requests the attached appeal be heard by the State Board of Tax Appeals without first having a hearing before the County Board of Equalization.

Parcel No: \_\_\_\_\_

Property Type: \_\_\_\_\_

Owner: \_\_\_\_\_

**Mailing Address For All Correspondence Relating To Appeal:**

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Daytime Phone No: \_\_\_\_\_

Name of Petitioner or Authorized Agent: \_\_\_\_\_

Main Issue: \_\_\_\_\_

Reason this should be heard by the Board of Tax Appeals: \_\_\_\_\_

\_\_\_\_\_

Amount of value in dispute: \$ \_\_\_\_\_

**All parties must agree to this request or the appeal shall be considered first by the County Board of Equalization.**

**I Agree To This Request:**

Date: \_\_\_\_\_

\_\_\_\_\_  
Taxpayer or Agent

☐ Yes

☐ No

Date: \_\_\_\_\_

\_\_\_\_\_  
Assessor

The signature below represents a majority of the Board of Equalization; the minutes of the Board reflect the vote.

☐ Yes

☐ No

Date: \_\_\_\_\_

\_\_\_\_\_  
Board of Equalization Chair

**THIS REQUEST MUST BE FILED WITH THE COUNTY ASSESSOR'S OFFICE.**

For tax assistance, visit <http://dor.wa.gov> or call (800) 647-7706. To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 705-6715. Teletype (TTY) users may call (800) 451-7985.